.Mail to: IECDB 510 East 12th, Suite 1A Des Moines, Iowa 50319

I.D. NO	
FORM: LOBREG	

Lobbyist Registration Statement

Executive Branch

This form registers individuals to lobby executive branch state agencies. The form may be photocopied.

PART A LOBBYIS	ST IDENTIFICATION
Lobbyist's Name	
Business Address, include lobbying firm if applicable	Residence Address (optional)
City/State/ZIP	City/State/ZIP
Area Code/Phone Number	Area Code/Phone Number
Mail should be sent to: Office Residence	Email address (optional)
PART B PU	: * * * * * * * * * * * * * * * * * * *
2. List the agencies/offices that you may be lobbying	g:
	senting the official position of your department, agency or attach a letter of authorization from your department or
PART C CI	**************************************
By signing and filing this form I attest to all of	governing the conduct of executive branch lobbyists. In
2. I am a registered executive branch lobbyist fo Also, I am required to file a final lobbyist report 3. I understand that I am required to file quarter dates in Iowa Code section 68B.37 and that civil so unless I have filed an exemption from quarter filing said exemption.	r the next calendar year unless I submit a cancellation form. within 15 days of filing a cancellation form. ly Periodic Lobbyist Reports on or before the applicable due and criminal penalties may be imposed for my failure to do y reporting and have submitted the required report upon
4. I understand that any changes to this registrati	Date Signed

IDENTIFICATION OF CLIENTS

Identify the organization, business entity, governmental entity or person that you represent as a lobbyist. Use additional sheets if needed. For "Client Name", provide the name of the organization(s) you represent, if any. The "Contact Person" should be an individual with that organization who has authority to answer questions regarding your representation, if any, and who would be responsible for filing the client's report, if required.

Client Name	Contact Person
Business Address	Title
City/State/ZIP E-mail address (optional)	Area Code/Phone Number
Client Name	Contact Person
Business Address	Title
City/State/ZIP E-mail address (optional)	Area Code/Phone Number
Client Name	Contact Person
Business Address	Title
City/State/ZIP E-mail address (optional)	Area Code/Phone Number
Client Name	Contact Person
Business Address	Title
City/State/ZIP E-mail address (optional)	Area Code/Phone Number
Client Name	Contact Person
Business Address	Title
City/State/ZIP E-mail address (optional)	Area Code/Phone Number
Client Name	Contact Person
Business Address	Title
City/State/ZIP E-mail address (optional)	Area Code/Phone Number